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REPORT OF THE EXECUTIVE DIRECTOR FOR 1994

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UNFPA IN 1994:

PROGRAMME AND FINANCIAL HIGHLIGHTS

Pledges and contributions

- Income in 1994 (provisional) totalled $265.3 million, compared to 1993 income of $219.6 million, an increase of 20.8 per cent.

- Pledges to UNFPA's general resources in 1994 totalled $255.2 million, $38.6 million more than 1993, a percentage increase of 17.8 per cent. At year's end, cumulative pledges through 1994 totalled $3.1 billion from a cumulative total of 167 donors.

- The number of donors in 1994 totalled 88. There were 3 first-time donors in 1994 (Antigua and Barbuda, Israel and Venezuela).

- The Fund's ongoing efforts to seek additional resources for population projects and programmes through multi-bilateral and other arrangements generated an additional $11.3 million during 1994 for projects with allocations totalling $16.0 million at year-end.

Allocations and expenditures

- Total (provisional) programmable resources from regular resources available for 1994 were $253 million, compared to $205.6 million for 1993.

- Project allocations in 1994 totalled $278.5 million, including $71.7 million of unspent allocations from 1993. Project allocations in 1993 totalled $206.1 million, including $35.4 million of unspent allocations from 1992. Project expenditures (provisional) for 1994 totalled $201.4 million compared to project expenditures in 1993 of $134.3 million.

- Expenditures (provisional) in 1994 totalled $274.4 million, compared to $203.5 million in 1993. The 1994 figure includes $160.1 million for country programmes, compared to $104.1 million in 1993; $41.3 million for intercountry (regional and interregional) programmes, compared to $30.2 million for 1993. Total administrative and programme support services (APSS) expenditures for both headquarters and field offices were $45.2 million in 1994 (net of $5.2 million overhead credits), compared to $45.1 million in 1993 (net of $2.9 million overhead credits). Field office costs were $21.8 million in 1994 compared to $20.5 million in 1993. Technical support services under the successor support cost arrangements approved by the Governing Council in decision 91/37 were $19.5 million. Administrative and operation services (AOS) costs, set by the Governing Council at 7.5 per cent of expenditures of country activities, were $3.5 million.

- The project expenditure rate (expenditures divided by allocations) was provisionally 72.3 per cent, compared to 65.2 per cent (final) in 1993. The resource utilization rate (expenditures divided by programmable resources, as approved by the Governing Council in decision 89/46 B) was provisionally 90.6 per cent in 1994 compared to 77.0 per cent in 1993.

- 610 new projects were approved in 1994, amounting to $62.3 million, compared to 480 new projects in 1993 amounting to $72.0 million.

- At year's end, UNFPA was assisting 2861 projects: 2617 country and 244 regional and intercountry projects (1000 country and regional projects in Africa; 662 in Asia and the Pacific; 522 in Latin America and the Caribbean; 399 in the Arab States and Europe; and 278 interregional).

. For allocations in 1994 by major function, by geographical area, and by country category, see data on page 5.

Country activities

. 448 new country projects were approved in 1994, amounting to $46.0 million or 20.8 per cent of total allocations of $220.9 million to country projects, compared to 368 new country projects in 1993 amounting to $23.2 million or 22.4 per cent of total expenditures for country projects in 1993.

. Allocations to continuing country projects amounted to $174.9 million or 62.8 per cent of total allocations to country projects, compared to expenditures for continuing country projects amounting to $80.5 million in 1993 or 77.6 per cent of total expenditures for country projects.

. For allocations to country activities, by work plan category, and by priority and non-priority country and regional activities, see tables, page 6.

Priority countries

. In accordance with the criteria and thresholds approved by the Governing Council in decision 88/34 A, adopted at its thirty-fifth session in June 1988, effective 1 January 1994, 58 countries have been given priority status. By geographic area, these priority countries number: Africa, 32; Asia and the Pacific, 17; Latin America and the Caribbean, 5; and Arab States, 4. (For a list of priority countries see page 6.)

. Of the total amount of resources allocated to country programmes and projects in 1994, 69.8 per cent was allocated to these priority countries, compared to 71.7 per cent of expenditures for the 58 countries with priority status in 1993.

. Total allocations in 1994 to priority countries amounted to $154.2 million, compared to $74.3 million in expenditures for priority countries in 1993.

Intercountry activities

. Allocations for intercountry activities (regional and interregional) totalled $57.6 million in 1994, compared to $30.2 million in expenditures in 1993. By category of activity, these allocations were: regional, $23.2 million in 1994, compared to $10.4 million in expenditures in 1993; interregional, $34.4 million in 1994, compared to $19.8 million in expenditures in 1993.

. Intercountry programmes accounted for 20.7 per cent of 1994 total allocations, compared to 22.6 per cent of expenditures in 1993.

Execution of projects

. The number of projects directly executed by Governments in 1994 numbered 604, compared to 473 in 1993, and totalled $66.4 million or 23.9 per cent of total 1994 programme allocations, compared to $21.0 million or 15.7 per cent of programme expenditures in 1993.

. For allocations in 1994 by executing agency, see table, page 5.

Programme Review and Strategy Development missions

. In 1994, UNFPA undertook Programme Review and Strategy Development (PRSD) missions to 9 countries - 4 in Africa (Benin, Comoros, Mauritius and Mozambique), 1 in Arab States and Europe (Turkey), 2 in

Asia and the Pacific Region (China and Indonesia) and 2 in Latin American and Caribbean (Costa Rica and Uruguay). Total missions (Programme Review and Strategy Development and Basic Needs Assessment missions) conducted since 1977 through 1994 are 198.

Administration and personnel

- In 1994, administrative and programme support services (APSS) expenditures (provisional), including both headquarters and field office costs, were $45.2 million (net of $5.2 million of overhead credits) or 17.0 per cent of the 1994 total estimated income of $265.1 million. Comparable administrative expenditures in 1993 were $45.1 million or 20.5 per cent of the 1993 income of 219.6 million.

- As of 1 January 1994, in accordance with Governing Council decisions 85/20 of June 1985, 86/35 of June 1986, 87/31 of June 1987, 88/36 of June 1988, 89/49 of June 1989, 90/36 of June 1990, 91/36 of June 1993, and 93/28 of June 1994, the total number of authorized budget posts numbered 837, comprising 304 Professional (including 124 national programme officers) and 533 General Service staff. These include 105 Professional and 135 General Service posts at headquarters, 2 Professional and 2 General Service posts in Geneva and 197[1] Professional and 396 local General Service posts in the field.

- The percentage of women on UNFPA's Professional staff at headquarters and in the field remained constant at 44 per cent in 1994, one of the highest percentages among United Nations agencies and organizations. In 1995, the percentage is expected to continue to increase.

- UNFPA continued to maintain a close operational relationship with UNDP, which also provides the Fund on a reimbursable basis with some administrative support for financial and computer services, for personnel administration and travel services and for the processing of Executive Board documents. Following agreement between UNDP and UNFPA on the subvention arrangement, approved by the Governing Council at its thirty-fifth session (decision 88/36), UNFPA's reimbursement to UNDP for the services rendered was set in the budget at $3.9 million for the biennium 1994-1995. In 1994, UNFPA reimbursed UNDP the amount of $1.7 million.

[1] Includes 124 national programme officers.

UNFPA PROGRAMME IN 1993 AND 1994: AT A GLANCE

(Data for 1993 are expenditures: data for 1994 are allocations /1)

UNFPA assistance by major function

	In Thousands $US		Percentage of total programme	
	1993	1994	1993	1994
Family planning	68,730	138,415	51.3%	49.7%
Communication and Education	21,328	52,951	15.9%	19.0%
Basic data collection	9,300	18,419	6.9%	6.6%
Population dynamics	9,579	15,921	7.2%	5.7%
Formulation and evaluation of population policies	12,267	22,036	9.2%	7.9%
Implementation of policies	59	442	0.0%	0.2%
Multisector activities	5,494	15,247	4.1%	5.5%
Special programmes	7,127	15,020	5.3%	5.4%
Total	133,884	278,451	100.0%	100.0%

UNFPA assistance by geographical region

	In Thousands $US		Percentage of total programme	
	1993	1994	1993	1994
Africa	36,421	86,513	27.2%	31.1%
Arab States and Europe	13,404	32,057	10.0%	11.5%
Asia and the Pacific	48,713	87,743	36.4%	31.5%
Latin America and the Caribbean	15,414	37,708	11.5%	13.5%
Interregional and Global	19,932	34,430	14.9%	12.4%
Total	133,884	278,451	100.0%	100.0%

UNFPA assistance by country/intercountry category

	In Thousands $US		Percentage of total programme	
	1993	1994	1993	1994
Country	113,952	220,856	85.1%	79.3%
Intercountry	19,932	57,595	14.9%	20.7%
Total	133,884	278,451	100.0%	100.0%

UNFPA assistance by country category

	In Thousands $US		Percentage of total country programme	
	1993	1994	1993	1994
Priority Country	74,334	154,459	71.7%	69.9%
Other Country	29,347	66,398	28.3%	30.1%
Total	103,681	220,857	100.0%	100.0%

UNFPA assistance by executing agency

	In Thousands $US		Percentage of total programme	
	1993	1994	1993	1994
Government-executed projects	21,003	66,378	15.7%	23.8%
United Nations	11,744	16 130	8.8%	5.8%
Regional commissions	3,781	3,328	2.8%	1.2%
ILO	5,194	6,749	3.9%	2.4%
IBRD	101	0	0.1%	0.0%
FAO	3,957	3,443	3.0%	1.2%
UNESCO	5,331	7,089	4.0%	2.5%
WHO	10,353	15,057	7.7%	5.4%
UNICEF	1,528	2,371	1.1%	0.9%
UNIDO	32	200	0.0%	0.1%
UNFPA /2	49,577	115,576	37.0%	41.5%
UNRWA	199	236	0.1%	0.1%
Non-governmental organizations	19,719	41,046	14.7%	14.7%
UNDP (OPS)	1,365	848	1.0%	0.3%
Total	133,884	278,451	100.0%	100.0%

1/ Expenditure data for 1994 are not available until after the due date for submissions of this document to the Executive Board

2/ Includes assistance to procurement for Governments' projects as follows :$29.5 million in 1993 and $43.7 million in 1994.

UNFPA expenditures (1993) and allocations (1994), by region

AFRICA (SUB-SAHARAN)

By major Sector	(In US$ 000) 1993	1994	Percentage of total programme 1993	Percentage of total programme 1994
Family planning	14,072	35,702	38.6%	41.3%
Communication and Educati	7,660	21,634	21.0%	25.0%
Basic data collection	3,967	6,676	10.9%	7.7%
Population dynamics	3,001	5,684	8.2%	6.6%
Formulation and evaluation of population policies	5,284	8,002	14.5%	9.2%
Implementation of policies	0	20	0.0%	0.0%
Multisector activities	1,582	3,629	4.3%	4.2%
Special programmes	856	5,167	2.4%	6.0%
TOTAL REGION	36,422	86,514	100.0%	100.0%
By country category				
Priority country	28,202	65,681	77.4%	75.9%
Other country	4,314	12,014	11.8%	13.9%
TOTAL COUNTRY	32,516	77,695		
Regional	3,906	8,819	10.7%	10.2%
TOTAL REGION	36,422	86,514	100.0%	100.0%

ARAB STATES AND EUROPE

By major Sector	(In US$ 000) 1993	1994	Percentage of total programme 1993	Percentage of total programme 1994
Family planning	7,622	15,058	56.9%	47.0%
Communication and Educati	1,081	4,979	8.1%	15.5%
Basic data collection	1,554	3,589	11.6%	11.2%
Population dynamics	1,628	2,699	12.1%	8.4%
Formulation and evaluation of population policies	573	2,402	4.3%	7.5%
Implementation of policies	0	0	0.0%	0.0%
Multisector activities	606	1,538	4.5%	4.8%
Special programmes	340	1,792	2.5%	5.6%
TOTAL REGION	13,404	32,057	100.0%	100.0%
By country category				
Priority country	3,630	11,487	27.1%	35.8%
Other country	8,263	17,255	61.6%	53.8%
TOTAL COUNTRY	11,893	28,742		
Regional	1,511	3,314	11.3%	10.3%
TOTAL REGION	13,404	32,056	100.0%	100.0%

ASIA AND THE PACIFIC

By major Sector	(In US$ 000) 1993	1994	Percentage of total programme 1993	Percentage of total programme 1994
Family planning	31,450	58,781	64.6%	67.0%
Communication and Educati	5,469	11,485	11.2%	13.1%
Basic data collection	1,894	4,495	3.9%	5.1%
Population dynamics	2,686	4,036	5.5%	4.6%
Formulation and evaluation of population policies	1,618	1,816	3.3%	2.1%
Implementation of policies	0	0	0.0%	0.0%
Multisector activities	1,098	3,203	2.3%	3.7%
Special programmes	4,498	3,927	9.2%	4.5%
TOTAL REGION	48,713	87,743	100.0%	100.0%
By country category				
Priority country	38,902	66,730	79.9%	76.1%
Other country	6,815	14,887	14.0%	17.0%
TOTAL COUNTRY	45,717	81,617		
Regional	2,996	6,126	6.2%	7.0%
TOTAL REGION	48,713	87,743	100.0%	100.0%

LATIN AMERICA AND THE CARIBBEAN

By major Sector	(In US$ 000) 1993	1994	Percentage of total programme 1993	Percentage of total programme 1994
Family planning	8,195	19,367	53.2%	51.4%
Communication and Educati	2,411	6,103	15.6%	16.2%
Basic data collection	1,400	2,141	9.1%	5.7%
Population dynamics	1,043	2,172	6.8%	5.8%
Formulation and evaluation of population policies	911	3,023	5.9%	8.0%
Implementation of policies	0	104	0.0%	0.3%
Multisector activities	844	3,021	5.5%	8.0%
Special programmes	610	1,777	4.0%	4.7%
TOTAL REGION	15,414	37,708	100.0%	100.0%
By country category				
Priority country	3,600	10,561	23.4%	28.0%
Other country	9,958	22,242	64.6%	59.0%
TOTAL COUNTRY	13,558	32,802		
Regional	1,856	4,905	12.0%	13.0%
TOTAL REGION	15,414	37,708	100.0%	100.0%

INTERREGIONAL AND GLOBAL

By major Sector	(In US$ 000) 1993	1994	Percentage of total programme 1993	Percentage of total programme 1994
Family planning	7,390	9,513	37.1%	27.6%
Communication and Educati	4,706	9,340	23.6%	27.1%
Basic data collection	485	623	2.4%	1.8%
Population dynamics	1,221	1,399	6.1%	4.1%
Formulation and evaluation of population policies	3,882	6,966	19.5%	20.2%
Implementation of policies	59	154	0.3%	0.4%
Multisector activities	1,365	3,884	6.8%	11.3%
Special programmes	823	2,551	4.1%	7.4%
TOTAL REGION	19,931	34,430	100.0%	100.0%

Priority Countries (as modified in 1992 in accordance with 88/34 A)

Africa:
Angola, Benin, Burkina Faso, Burundi, Central African Republic, Chad, Comoros Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar Malawi, Mali, Mauritania, Mozambique, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Togo, Uganda, United Republic of Tanzania, Zaire, Zambia and Zimbabwe.

Arab States and Europe
Egypt, Somalia, Sudan and Yemen

Asia and the Pacific
Afghanistan, Bangladesh, Bhutan, Cambodia, China, Korea DPR, India, Indonesia, Lao People's Democratic Republic, Maldives Myanmar, Nepal, Pakistan, Philippines Solomon Islands, Sri Lanka, and Viet Nam

Latin America and the Caribbean
Bolivia, Dominican Republic, Haiti, Honduras and Nicaragua

I. INTRODUCTION

1. Nineteen ninety-four will be remembered as the year the international community changed the way it looks at population issues. That change in perception actually evolved over two decades and culminated in the adoption of the Programme of Action of the International Conference on Population and Development (ICPD), which was held in Cairo, Egypt, 5-13 September 1994.

2. The Programme of Action is a remarkable document, not only for what it says but also for how it came about. It culminated more than three years of intense deliberation and negotiation between Governments, non-governmental organizations (NGOs), community leaders, technical experts and interested individuals. Everyone involved was part of the process and contributed to its result. Moreover, in the course of the preparatory process, the vast majority of developing countries established national committees to organize national and local activities and to prepare national reports on their experiences and future plans in the population and development sector.

3. The Programme of Action goes beyond mere numbers and demographic targets and places human beings and their well-being at the centre of all population and sustainable development activities. Investing in people's health and education is seen as the key to sustained economic growth and sustainable development. Population is thus no longer seen in isolation, but as an integral part of development activities.

4. The aim is to help developing countries and countries with economies in transition to achieve the quantitative and qualitative goals and objectives set out in the Programme of Action. Among these goals and objectives are, inter alia, to provide universal access to reproductive health and family planning services; reduce infant, child and maternal mortality; ensure access to primary education for all girls and boys; and bring about gender equity and gender equality.

5. The Programme of Action also clearly recognizes the need to empower women both as an important end in itself and as a key to improving the quality of people's lives everywhere. It further acknowledges that there can be no sustainable human development unless women participate fully and equally in all aspects of development and in all facets of social, economic, cultural and political life. Gender equity and equality, and the empowerment of women, are therefore emphasized throughout the document and are seen as the cornerstone of population and development programmes.

6. The ICPD process, and the Programme of Action it produced, of course, have had an impact on the work of UNFPA. Although this impact evolved incrementally, its cumulative effect has been significant. The main thrust of that impact can be seen in the report on programme priorities and future directions of UNFPA in light of the ICPD (document DP/1995/25), which is being submitted to the Executive Board at its annual session in June of this year.

II. POST-ICPD CONSULTATIONS

7. The process of internal review of the UNFPA programme in light of the ICPD began in earnest with the update of the UNFPA review and assessment exercise, which had examined what had and had not worked in the population field over the 20-year period from 1969 to 1989. The 1993/1994 update, a summary of which was submitted to the Executive Board in document DP/1994/48, reaffirmed the evolving programme directions of UNFPA, in particular the emphasis on reproductive health care as the linchpin of integrated programmes around which related services and activities should be structured and coordinated; the need to strengthen policies and procedures for matching resources with evolving needs at the country level; and the need to improve strategic planning and programme implementation.

8. The process gained valuable direction from the Programme of Action itself, which spawned a series of internal and external reviews of the UNFPA programme. For example, each Geographical Division conducted internal reviews of existing policies and programmes and convened regional meetings to consider the implications of the ICPD for their respective regions. These meetings reflected the inclusive nature of the ICPD process, typically involving a wide range of participants, including Government officials, some of them at the ministerial level; representatives from non-governmental and private organizations; technical experts; and UNFPA field and headquarters staff, including members of UNFPA Country Support Teams (CSTs).

9. UNFPA also started a series of joint workshops with partner agencies in the United Nations development system to examine how best to translate the recommendations of the Programme of Action into actions at the country and local level. These workshops focused on the key areas of the Fund's programme -- reproductive health and family planning (RH/FP); information, education and communication (IEC); and population data, policy and research -- and involved advisers from the UNFPA Technical Support Services/Country Support Team (TSS/CST) system, including TSS specialists from the respective United Nations agencies and organizations.

10. The outcomes of these regional and technical consultations were extremely valuable for the Fund in deriving the policy and programmatic implications of the ICPD for the programme priorities and future directions of UNFPA, as contained in document DP/1995/25.

A. Regional consultations

11. Africa. The internal reviews and regional meetings identified a number of strategic issues requiring attention in the Africa region. One central issue concerned the sustainability of population programmes in the region: When, and to what extent, could African countries take on greater financial responsibility for population programmes? To what extent could cost-recovery schemes be used to help make such programmes more self-reliant? Or would such schemes, by requiring payment for services, inhibit acceptance of family planning services, especially among poor people?

To what degree, and under what circumstances, should external assistance be used to create needed programme posts and/or increase the pay of national staff involved in such programmes?

12. Another issue concerned the focus of UNFPA programmes in the region, which to date had tended to cover a broad range of population-related activities. Should such programmes be more focused? And, if so, what should the priority areas be? How should reproductive health activities be structured and implemented within the African context, in particular in view of the high rates of maternal mortality, the high prevalence of HIV/AIDS and the high incidence of adolescent pregnancy? And, given the patterns of early pregnancy and transmission of HIV, how could UNFPA help to reach youth with the information and services they urgently needed.

13. Another issue concerned the role of NGOs, which in some cases could respond effectively and creatively to people's needs, especially in hard-to-reach rural areas. However, in most countries, government infrastructure had the greatest potential for reaching most of the people in need. The challenge, therefore, was to strike an optimal balance between the public sector and the non-governmental and private sectors in implementing population programmes.

14. Arab States. The post-ICPD meeting for the Arab States region identified the crucial areas in population programming that had to be addressed in the region during the next 10 years. First and foremost among these were the need to improve the status of women and the need to strengthen reproductive health and family planning programmes, especially those in poor, underserved rural and peri-urban areas. These two interrelated priority areas should serve as the cornerstones of the Fund's post-ICPD activities in the Arab States region. The participants at the meeting therefore recommended that all activities supported by UNFPA in the region should be designed to reinforce and accelerate progress towards the achievement of goals related to improving reproductive health, including providing access to quality family planning services and improving the status of women.

15. Another area involved the use of NGOs in future as partners in formulating and implementing population programmes. This would require providing support to NGOs to help build up their capacity to manage population programmes and projects and to promote networking and coordination among NGOs in general and among those working in the area of women, population and development in specific. Similar efforts were also required to involve the private sector and local communities in programme formulation and implementation.

16. Asia and the Pacific. The regional meeting for the Asia and Pacific region emphasized the important role of advocacy in translating the specific recommendations of the Programme of Action into effective activities, in particular in the areas of reproductive health, including the special needs of adolescents, and of gender, population and development. Reproductive health was a relatively new concept; its definition and the scope of its activities were not fully understood. There was a need, therefore, to undertake education campaigns aimed at: (a) policy makers and politicians, to generate wider acceptance of reproductive health and to develop a national consensus; (b) programme managers, to help them develop programme strategies and restructure services

accordingly; (c) service providers, to refine their understanding of reproductive health and to gain their acceptance of the concept and approach; and (d) clients, to raise their awareness of the need to take responsibility for their own reproductive health.

17. Sustained advocacy was also required in all areas relating to improving the status of women. Discrimination against the girl child was common in many countries of the region. It was necessary, therefore, to change the ways girls and women were perceived by society, not only by boys and men, but by girls and women as well. The value of women's work had to be stressed, and the stereotyping of women had to be changed so that their roles outside the family became more acceptable. At the same time, men had to be sensitized to assume much greater responsibilities within the family. To bring about real change, however, such advocacy must be accompanied by increased educational and training opportunities for girls and women and by the free and informed access to a wide range of reproductive health services.

18. Latin America and the Caribbean. The post-ICPD regional meeting for the Latin America and Caribbean region identified strategic areas in the region requiring immediate action. Primary among these was the need to provide support to both Governments and NGOs to begin the process of transforming existing maternal and child health and family planning (MCH/FP) programmes into comprehensive reproductive health programmes. This required, among other things, that Governments review current programmes and adapt corresponding institutional arrangements as necessary.

19. The meeting also made suggestions for UNFPA support in the region. These were: to tailor the training of health personnel to help meet the new challenges posed by a reproductive-health approach; provide sex education to a wider audience, including youth and adolescents; and formulate integrated reproductive health/family planning programmes aimed at youth and adolescents. An important related activity would be to involve women and youth in decision making and programme formulation. The primary objectives of such efforts would be to reduce early pregnancy, reduce the spread of sexually transmitted diseases (STDs), including HIV/AIDS, and improve the overall reproductive and sexual health of the people.

B. Technical consultations and related activities

1. Reproductive health and family planning

20. UNFPA organized a post-ICPD consultation of experts on reproductive health and family planning. Experts from a number of developing countries and international organizations, including WHO, discussed three broad issues: (a) basic principles for operationalizing reproductive health programmes; (b) major components of reproductive health programmes (reproductive tract infections; family planning; maternal care; abortion; infertility and sub-fecundity; women's reproductive conditions; and harmful practices, including female genital mutilation); and (c) priorities in reproductive health programmes.

21. The discussion on basic principles produced a number of important recommendations. These were, among others, to endorse more strongly a reproductive health approach; give greater emphasis to information and services aimed at girl children and at adolescents; provide support for IEC activities that emphasize reproductive health throughout a woman's life not just during her reproductive years; make explicit that family planning is a central component of quality reproductive health care; and make sexual health an explicit and integral component of reproductive health.

22. The participants also recommended that UNFPA should play an advocacy role in encouraging Governments to adopt a reproductive health perspective; that indicators of reproductive health should be developed; that UNFPA should play a larger role in providing contraceptive supplies, especially to countries where principal bilateral donors were reducing their commitment in this area; that unnecessary duplication of support should be avoided; and that infertility and sub-fecundity must be addressed at the primary health-care level. Of particular concern was the need to ensure that service providers were sensitive to gender issues and that family planning information and services were provided to sexually active adolescents.

23. A number of important issues emerged from the discussion. For example, participants agreed that UNFPA should support governments and other partners in providing measurable, sustainable and good quality reproductive health services that take into account the importance of empowering women and encouraging male responsibility. They noted in this regard that gender-sensitive education (including family life education) for adolescent girls and boys would contribute greatly to improving the status of women and reducing violence against them. Participants stressed the need to support training in RH/FP, develop new methods of contraception for both men and women, and conduct research on such topics as the impact of structural adjustment on RH/FP service delivery and the attitudes of men towards reproductive health and how to change such attitudes.

24. As part of the process of translating the concept of reproductive health into effective programmes at the country level, UNFPA convened a workshop on reproductive health for technical advisers of the UNFPA TSS/CST system. The workshop was held at WHO headquarters in Geneva and involved, among others, WHO's Division of Family Health, which provided an overview of WHO's framework for translating the concept of reproductive health into action. Other topics discussed included, inter alia, Safe Motherhood; adolescent reproductive health; sexually transmitted diseases, including HIV/AIDS; IEC and community participation; male involvement in reproductive health programmes; quality of care; and the WHO Special Programme of Research, Development and Research Training in Human Reproduction (HRP). Specialists from the International Planned Parenthood Federation (IPPF), The Population Council and The Royal Tropical Institute of the Netherlands served as resource persons.

25. Numerous issues were raised during the general discussion on translating the concept of reproductive health into effective action. One was the role of advocacy, which was seen as an

effective way to phase reproductive health into the specific social, economic and cultural context of each country. The aim was to define the concept in such a way that countries could move from individual projects to comprehensive programmes over time.

26. Another issue was quality of care, which was particularly pertinent in countries where the coverage of services was adequate but the quality was not. A major shortcoming in this area was that standards were normally set by the agencies providing the services, not by the consumers themselves. This was exacerbated by the fact that programmes were generally designed to meet national needs and priorities rather than local or individual needs and priorities. A related issue was coordination among government agencies, NGOs and donors, which was often poor or non-existent and which thus gave rise to both duplication and compartmentalization of efforts.

27. Several other issues raised were more of a managerial nature: programmes were too centralized and thus not tailored to local needs; there was a high turn-over of staff and little or no continuity in decision making; information systems were often inadequate, and information was not used appropriately to make necessary adjustments in programmes. Other issues included inadequate or inappropriate training; insufficient resources, especially for health-sector budgets, which were decreasing as a consequence of structural adjustment; and poor overall coordination among agencies active in the area of reproductive health.

28. The discussion on adolescent reproductive health focused on lessons learned from successful experiences working with youth in this area. These included, among others, making greater use of peer counselling; linking IEC activities with RH/FP services; using private practitioners with special hours and special locations for youth; and directly involving youth in the planning, implementation and evaluation of activities designed for their benefit The participants stressed that it was important to use a multisectoral approach to address adolescent reproductive health issues and to involve youth associations and medical and public health associations in gaining access to, and support from, schools in developing adolescent reproductive health programmes.

2. Information, education and communication

29. The need for clearer linkages and better coordination between IEC and reproductive health services, from the planning phase onwards, became even more evident in 1994 than in previous years. The need for such coordination was reinforced by the findings of a study on IEC in the context of the programme approach, which was conducted during the year by UNFPA.

30. The purpose of the study, which analysed the conceptual and institutional framework of some 60 IEC projects, was, inter alia, to examine the place of IEC within the UNFPA programme of assistance; review IEC activities in relation to the programme approach; measure the extent of IEC support to reproductive health and family planning; define a set of indicators to assist in designing effective IEC interventions in support of reproductive health, including family planning;

and formulate a set of recommendations mapping out new plans and strategies for IEC in implementing the pertinent activities of the Programme of Action at the country level.

31. The findings and recommendations of the study, which was published as a technical report entitled "Towards a More Effective Integration of IEC within the UNFPA Country Programme", were among the topics discussed at a post-ICPD workshop for TSS/CST specialists on population information, education and communication held at UNESCO headquarters in October 1994. The purpose of the workshop was to brief CST advisers and agency TSS specialists on the latest approaches to IEC and population education. The workshop examined a number of themes, including new information and research technologies; gender; education of girls; ways to improve the quality of population education; sexuality; and programme coordination.

32. In keeping with the objectives of the Programme of Action, the CST advisers and TSS specialists sought to identify concrete ways to promote gender equity and to improve the education of girls. They agreed that advocacy in the form of awareness creation was critical in encouraging policy makers to adopt appropriate supportive policies in these areas. Another key activity was parent education, the aim of which was to foster understanding among parents of the need for gender equity and to encourage parents to send their daughters to school and to instill gender-fair attitudes and values in their sons. Other channels such as adult literacy classes and workers' education and agricultural extension programmes should also be used for these purposes.

33. The advisers specializing in population education examined key issues affecting the implementation of population education activities and discussed the most effective actions to take. They agreed that population education went beyond fertility concerns and covered a wide range of topics including reproductive health and reproductive rights; sexually transmitted diseases, including HIV/AIDS; gender; migration; ageing; life styles; and environmental issues, among others. It was necessary therefore to reconceptualize population education to accommodate this wider context and to focus on improving the quality and coverage of activities. This required reexamining basic terminology; making instructional materials more relevant and improving teaching techniques; giving more time to high-quality training; making greater use of educational television, where feasible; promoting more flexible and more group-oriented programmes; and expanding training activities to reach teachers who have not yet been trained. The primary aim of such activities was to go beyond simply teaching facts and to focus on changing attitudes and behaviour.

3. Population data, policy and research

34. A joint ILO/UNFPA workshop for UNFPA TSS/CST advisers emphasized the importance of the Fund's TSS/CST system for the successful implementation of the ICPD Programme of Action, particularly in the area of population policies and development strategies. The workshop, which was held at ILO headquarters in October/November, was organized around five themes: Population policy formulation and implementation; New paradigms: Emerging approaches in development planning and strategies and their implications for population policies; Reproductive

health issues (with WHO); Messages from Cairo: New issues and fresh debates; and New directions in policy formulation and training.

35. The workshop also met in four working groups: Gender, population and development; IEC in population policies; Training, research and databases for population and development strategies; and Institutional and operational issues for population and development strategies and policy formulation and for the TSS system.

36. Workshop participants welcomed the more holistic approach to population and development that had emerged from the ICPD Programme of Action. The overall feeling was that policy concerns should be fairly broadly based and extend beyond the scope of population and obviously related sectors. Population issues thus should be seen as an integral part of the development issue. The discussion raised the need to focus more on interactive, two-way relationships in the course of integrating population factors into development strategies. This process should take into account the effects of structural adjustment programmes and also cover privatization and general economic restructuring. This called for extended and improved relations with the private and informal sectors and with NGOs in all areas of policy, training, research and data collection.

37. Participants also agreed that the key issue was to create and maintain a policy dialogue that raised the need to develop relevant methodologies. In this context, there was an urgent need for support to help strengthen national coordination mechanisms.

38. The workshop stressed the importance of relating training and research activities in efforts to build up national capacity. Regional, sub-regional and national needs and resources therefore had to be identified and considered in the course of designing training programmes. Global and regional training programmes were very useful, but could not alone meet the demands for trained manpower generated by the expanded programmes and the trend to greater national execution. Capacity should be created at the country level, therefore, to carry out short-term training programmes offered by national institutions. On-the-job technical training had proven to be a most effective way of transferring skills, especially if backstopped by high-quality technical assistance. User-friendly methodologies and softwares were another effective training tool if integrated into specialized training programmes.

39. The participants agreed that UNFPA should shift from providing assistance for pure demographic research to promoting a more holistic and multidisciplinary approach that takes full cognizance of social and economic issues, including market mechanisms and other regulatory measures. Macro- and micro-level research relevant to policy making should be based on a comprehensive research agenda and should be undertaken, to the extent possible, as an integral part of an overall socio-economic research in support of policy formulation and implementation.

III. EVALUATION ACTIVITIES

40. The most important evaluation undertaking in 1994 was clearly the independent evaluation of the UNFPA TSS/CST system, which was requested by the Governing Council in its decision 91/37. Using the Fund's TSS Guidelines as the frame of reference, the eight-member evaluation team visited 28 countries covered by the Fund's eight Country Support Teams (CSTs). Missions were also undertaken to each of the participating United Nations organizations, including the regional commissions and regional offices of WHO.

41. The evaluation concluded that the TSS system, specifically the CST system of advisers, was a major improvement over the previous system of regional advisers and that this approach had been welcomed by all concerned. The CSTs had been most effective in providing backstopping support for UNFPA-funded projects, particularly in building a multidisciplinary approach to country programming. At the same time, the evaluation found some shortcomings in the operationalization of the overall TSS system to date, particularly with respect to the role of the TSS specialists at the headquarters level and the linkages between the CSTs and the TSS specialists. Moreover, the work plans of some CSTs were overloaded, and there was a need therefore to set priorities for the more judicious use of advisers and to examine the supply and demand for technical support at the sub-regional level, particularly in light of the recommendations of the Cairo Programme of Action.

42. UNFPA will report to the Executive Board on the findings, conclusions and recommendations of the evaluation of the TSS system at its third regular session of 1995. It is important to emphasize that the TSS system is still quite new and is essentially still in a period of transition. The evaluation team took due recognition of this fact in developing its recommendations, which focus on improving the present arrangements with a view to putting in place a more effective system in the next cycle.

43. The Fund also completed the thematic evaluation to assess the effectiveness of UNFPA's support for the local production of contraceptives. This evaluation studied UNFPA-supported efforts in China, India and Viet Nam to produce a cross-section of contraceptive methods, using different manufacturing technologies. Overall, the evaluation found that substantial progress had been made in improving the supply and diversity of modern, effective contraceptive methods in these countries. UNFPA support was instrumental in improving the quality and safety of intra-uterine devises (IUDs) in China, in introducing IUD production in India and in manufacturing condoms in Viet Nam. Moreover, UNFPA assistance had helped India to establish national standards for the production and testing of IUDs and had increased awareness of the importance of maintaining process controls and good manufacturing practices in all three countries.

44. On the other hand, it appeared that the human and financial resources required to establish good management practices in the project factories were seriously underestimated and, perhaps, not fully understood by either the government concerned or UNFPA. Considerable areas of weakness remained in quality and process control at all the facilities evaluated. Overestimation of demand

and the governments' unwillingness to purchase the agreed-upon quantities from the factories had resulted in idle and underutilized capacity, which in turn further aggravated the threat to sustainability. Many of the facilities had not achieved self-sufficiency, and there was evidence that manufacturing capabilities dropped severely when UNFPA support ended.

45. Field work started on the thematic evaluation concerning programmes supporting traditional birth attendants. Missions were undertaken to Bolivia, the Islamic Republic of Iran, Nepal and the Syrian Arab Republic. Additional field visits are planned to countries in the Africa region in early 1995, and the target date for the completion of this evaluation is July 1995. In addition, the desk review and evaluation design have been completed for a planned evaluation of information and service programmes for adolescents. Field work on this exercise is expected to commence in spring 1995.

46. An evaluation was made of the interregional project on family planning technologies, specifically of the component to develop and disseminate technical and managerial guidelines on contraceptive technologies. The evaluation found that a more systematic effort had to be made to ensure that the guidelines produced reached those who would use and benefit from them, particularly service providers, trainers and educators in the rural areas. In view of their rather limited circulation, some concerted effort should be made to promote use of the published guidelines. The publication of extracts in local languages was an important recommendation in this regard.

47. Two desk reviews were undertaken. One reviewed the principal operational issues and status of implementation of AIDS-related components in UNFPA-supported programmes. Monitoring and reporting on such project components appeared to have received negligible attention. This might have been due to the fact that in many of the projects reviewed, the AIDS-related component was added on after the project had been initiated. Of greater concern was the apparent lack of co-ordination between the UNFPA-supported activities and the national AIDS strategy or the lack of a national database on AIDS issues. The other review studied the use of community participation approaches in country programmes. The review noted that the uses of such approaches were not preceded by in-depth analyses of the dynamics of local settings or the resources required. As a result, sustainability was found to be a major problem.

48. As a member of the Inter-agency Working Group on Evaluation, UNFPA provided inputs to the definition of principles for monitoring and evaluation within the context of the programme approach. Progress had been made in harmonizing evaluation policies and principles among member organizations of the Joint Consultative Group on Policy (JCGP), and efforts continued to harmonize procedures for and outputs of monitoring and evaluation.

IV. INSTITUTIONAL STRENGTHENING

49. UNFPA continued to enhance the substantive, managerial and operational skills of its staff at headquarters and in the field through training and the increased use of information technology. The Fund also strengthened its internal management audit capability.

50. Training. UNFPA training activities in 1994 focused on enhancing the capacity of country offices to improve the quality, effectiveness and outreach of UNFPA-supported programmes. The Field Staff Training Workshop for National Programme Officers and Country Directors, for example, provided participants with an overview of the operational activities of the Fund, increased their knowledge and skills in applying UNFPA's policies and procedures, and developed their skills in programme formulation, management and evaluation. Participants examined the Fund's Programme Review and Strategy Development (PRSD) process and its linkages with the country strategy note and engaged in exercises to prepare sound projects with well-defined and realistic objectives and with built-in monitoring and evaluation mechanisms. The Fund also held several in-house workshops for members of UNFPA Country Support Teams to enhance their technical skills, as well as a workshop for 14 senior officers from headquarters and the field to improve their management skills.

51. UNFPA organized two regional training courses for field staff to improve financial accountability and to facilitate accurate and transparent reporting of expenditures. Some 16 national staff (National Programme Officers and finance assistants) and 3 International Programme Officers participated in a course on finance policies and procedures, held in Rabat, Morocco, in July; and 22 local and international staff from 18 duty stations in Latin America and the Caribbean participated in a similar course in Mexico City in November.

52. Office automation. UNFPA continued to improve the availability and use of information technology throughout the organization. This included major efforts to enhance the capabilities of the Programme Resources Management System (PRMS) and to upgrade the UNFPA Integrated Field Office System (UNIFOS). The ongoing improvement of these systems, along with rigorous staff training in their proper application, further strengthened the financial monitoring capacity of UNFPA and continued to increase administrative efficiency. Office automation reached a new level at both headquarters and in the field, as the Fund expanded and improved the capacity of its local area network (LAN) and of its electronic mail system. UNFPA also introduced Internet services into its headquarters system.

53. Internal audit. Governing Council decision 91/36 recognized the need to strengthen the capacity of the UNDP Division for Audit and Management Review (DAMR) to support internal audit functions of UNFPA by creating a UNFPA Internal Audit Section within DAMR. This was considered a first step towards the establishment of the Fund's own internal audit capability. The UNFPA Internal Audit Section became operational in May 1993 with the assignment of a full-time professional to the Section. A second professional joined the Section in September 1994. UNFPA

also entered into an agreement with UNDP for the use of the UNDP Regional Service Centres in Kuala Lumpur for the Asia and Pacific region (in 1993) and in Harare for the Africa region (in 1994). Under these agreements, commercial audit firms are contracted to provide annual audit coverage of UNFPA country offices in these regions. As a result of these initiatives, audit coverage of UNFPA country offices increased from 5 offices in 1992 to 21 in 1993. In 1994, 16 offices were audited, and the 1995 audit work plan of DAMR foresees visits to 54 UNFPA country offices.

V. REGIONAL OVERVIEW

54. This section of the report provides a brief overview of some of the developments in the regions either in terms of directions and trends in the population field or in terms of UNFPA's work. A more detailed region-by-region overview is provided in the printed version of the Fund's annual report.

A. Africa

55. At the International Conference on Population and Development, the countries of sub-Saharan Africa demonstrated their near-universal recognition that rapid population growth impedes progress towards sustainable development and that the lack of access to quality reproductive health and family planning services seriously threatens the health of women and their children. Such awareness is a relatively recent development in the region. It has helped produce the type of environment needed to formulate and implement population programmes and has contributed to the growing receptivity among Africans to family planning information and services.

56. In 1994, for example, Lesotho and Malawi adopted population policies, bringing to 15 the number of countries in the region that have done so. These 15 countries account for over 60 per cent of the population in the region. At least 14 other countries are in various stages of formulating such policies, and several, such as Botswana, Mauritius, and Zimbabwe, have launched ambitious programmes even in the absence of a comprehensive population policy.

57. Moreover, Ghana and the United Republic of Tanzania joined Botswana, Kenya, Lesotho, Mauritius and Zimbabwe as countries in which the practice of family planning has increased and fertility rates have decreased. Although perhaps an exceptional case, in Malawi, where until very recently the very term family planning could not be used publicly, issues relating to family planning and HIV/AIDS are openly discussed at all levels of society. Even in countries such as Angola and Mozambique, where civil disturbances have limited the scope of population programmes, acceptance rates have been encouraging in those areas where services have been offered.

58. There have been other encouraging developments in the region as well. For example, although serious trouble spots remain, the overall security situation and/or political climate in a number of countries, including Angola, Congo, Ethiopia, Gabon, Mozambique, Lesotho and Togo,

has improved sufficiently to permit the expansion of population activities. Moreover, in many countries, there are now substantial numbers of NGOs that are becoming interested in population activities and could actively participate in such activities at the grass-roots levels. Finally, although there are not nearly as many trained staff as needed, most countries have been able to build up a considerable pool of national talent that can be used more extensively than in the past.

59. Still, there are a number of factors that constrain implementation of population programmes in the region. Perhaps most important among these has been the lack of resources for social development, the effects of which have been compounded by declining revenues and structural adjustment programmes. As a result, Governments often have had to choose among competing crises, which not only drains already-scarce government resources but deepens their reliance on external assistance. This, in turn, typically results in reductions in government spending for health and education, reductions in government staffing, and a loss of pay and benefits for national staff. All this impedes efforts to expand or improve population programmes or to convert awareness of population programmes into effective action programmes.

60. Other constraints include the lack of predictability in flows of resources from donors and multilateral organizations, including from UNFPA; the need to create awareness beyond the top leadership; and the persistence of resistance among key religious groups in a number of countries.

B. Arab States

61. Population activities gained momentum in the Arab states in 1994 -- thanks in part to the ICPD, which was held in Cairo. In addition to the conference itself, pre- and post-conference activities focused attention on population-related issues.

62. Four countries -- Jordan, Lebanon, Sudan and the Syrian Arab Republic -- are in the process of adopting population policies and strategies, while Algeria, Egypt, Morocco, Tunisia and Yemen have already done so. Together, these countries account for 75 per cent of the population of the Arab world.

63. For the most part, the new policies and strategies reflect a broader, multi-sectoral approach that emphasizes human rights and focuses on reproductive health, the empowerment of women, human resource development, internal and international migration, youth, and the conservation of natural resources. To consolidate their respective population policies, the Governments of Algeria, Lebanon, Sudan and the Syrian Arab Republic established national population policy coordination mechanisms during the year.

64. Considerable strides have been made in the region in introducing action programmes in the area of reproductive health and family planning. This has been accompanied by closely associated education and communications activities. As a result, the knowledge of modern methods of contraception is almost universal in Bahrain, Egypt, Iraq, Jordan, Morocco and Tunisia and is

approaching that level in many others. Contraceptive prevalence rates (all methods) have also increased significantly, surpassing 50 per cent in Algeria, Bahrain, Egypt and Tunisia and ranging between 32 per cent and 45 per cent in Jordan, Kuwait, Morocco, Qatar and the Syrian Arab Republic. In the other countries in the region, however, there is still a considerable gap between the high knowledge of and positive attitudes towards family planning and the actual use of contraception.

65. Use of modern contraceptive methods, however, remains quite low in the majority of countries. The highest rates are found in Algeria, Egypt, Lebanon and Tunisia, where the rates range between 40 per cent and 45 per cent. The rates in other countries range from 35 per cent in Morocco to 28 per cent in the Syrian Arab Republic, 27 per cent in Jordan, 14 per cent in Iraq and less than 7 per cent in Somalia, Sudan and Yemen. The pill dominates the contraceptive mix in Algeria (91 per cent), Morocco (79 per cent) and Sudan (71 per cent), and makes up well over 50 per cent of the mix in Jordan, the Syrian Arab Republic and Yemen. Egypt and Tunisia, on the other hand, have promoted a contraceptive mix based on the longer-acting IUD.

66. There have also been signs of fertility decline, most notably in the Syrian Arab Republic, which has experienced a 40 per cent drop in the last several years. The decline in the total fertility rate (TFR) in the Syrian Arab Republic is attributed to a substantial increase in the mean age of marriage and a strengthened family planning programme backed by well-designed information and communication activities. Sudan also experienced a significant drop in fertility, from 6.4 children per woman in 1980-1985 to 4.6 in 1993. The declining trend in fertility levels continued in Algeria and Morocco (TFRs of 4.4) and in Egypt (TFR of 3.9). However, these national trends conceal significant differences within countries, especially between urban and rural areas. In many rural areas, fertility rates remain high, as do infant mortality rates.

C. European programmes and newly independent states

67. Many of the countries with economies in transition participated in the preparations for the ICPD, as well as in the conference itself. The Programme of Action adopted at the Conference calls for the international community to assist such countries with their population efforts, declaring that "countries with economies in transition should receive temporary assistance for population and development activities in light of the difficult economic and social problems" they are currently facing.

68. In an effort to address the high rates of induced abortion prevailing in many of the countries of central and eastern Europe and the newly independent states, UNFPA assistance has stressed reproductive health. Ten new projects were approved in 1994, and allocations to the region, including both country and regional activities, totalled $3.6 million.

69. The three regional research projects funded by UNFPA -- on international migration, ageing, and fertility and family surveys -- progressed as planned. A new project, on the policy

implications of demographic maturity, aims to promote responsible population policy choices in countries that have reached demographic maturity. The countries with economies in transition participated in the meetings of population experts that were organized in the context of these projects. The Economic Commission for Europe (ECE), which executes the four projects, continued to provide technical backstopping services to facilitate implementation at the country level.

70. In response to the urgent need for training on reproductive health that exists in the countries of central and eastern Europe and the former Soviet Union, UNFPA funded two regional training courses for reproductive health service providers. The aim of both courses was to update the knowledge of the participants on the use of modern contraceptive methods, to acquaint them with methods of reproductive health and family planning counselling, and to improve their organizational/management skills.

D. Asia and the Pacific

71. During 1994, the countries in the region were active in preparations for the ICPD and in the conference itself. The national committees that had been established in conjunction with the ICPD actively assisted their governments in preparing for and following up on the conference.

72. Several countries are working with UNFPA to make reproductive health services more responsive to the expressed needs of clients. This emphasis was addressed in the PRSD missions undertaken in the region as well as in the new country programmes developed for the Philippines and Indonesia. UNFPA also increased its support to the Asia and Oceania Federation of Obstetrics and Gynaecology to conduct training programmes in reproductive health in eight countries focusing on such topics as prenatal care, services for adolescents, and the prevention, diagnosis and treatment of STDs.

73. South-South cooperation figured prominently in regional initiatives. A meeting of ministerial-level officials from four countries in South Asia, undertaken in cooperation with the World Bank, resulted in the establishment of a South Asian Working Group on Population and Family Planning. The first meeting of the working group, which took place in Dhaka, in October, included a review of the strengths and weaknesses of the family planning programmes of the participating countries.

74. UNFPA signed a memorandum of understanding with the Economic Cooperation Organization (ECO) to hold three substantive meetings during 1995-1996 in order to help the Organization's 10 member countries create awareness of population issues. The members of the Organization are: Afghanistan, Azerbaijan, Islamic Republic of Iran, Kazakhstan, Kyrgyzstan, Pakistan, Tajikistan, Turkey, Turkmenistan and Uzbekistan.

75. UNFPA convened a Sub-Regional Meeting of Women's NGOs in East and Southeast Asia to promote a dialogue on such issues as gender concerns, the ICPD and the upcoming Fourth World Conference on Women. The meeting, held in Bangkok, brought together 30 women from 13 countries as well as representatives from various United Nations agencies. The meeting addressed four main topics: socio-economic factors affecting women in the region; reproductive health and women's concerns; role of women's NGOs in promoting reproductive health; and collaboration between women's NGOs, government and donors in promoting women's concerns. In general, the recommendations underscored, inter alia, the importance of involving women in the design and implementation of reproductive health programmes and of ensuring that national health-care budgets reflect women's concerns.

76. In preparation for the ICPD, a regional NGO Conference on Population and Sustainable Development was held in Fiji in March 1994. The conference, attended by 60 participants from community-based organizations, issued a statement that was delivered at the NGO Forum in Cairo.

77. The three CSTs in Asia and the Pacific carried out more than 165 technical advisory missions in more than 35 countries. The CST in Kathmandu helped the newly independent states of Central Asia develop their population programmes.

E. Latin America and the Caribbean

78. The Latin America and Caribbean region continued to be characterized by relatively favourable demographic indicators and trends, although there were large disparities in fertility and mortality rates among different segments of the population. In particular, women living in poverty continued to show unacceptably high rates of early childbearing and maternal mortality. Reducing these rates thus remained a major goal of UNFPA's strategy and programmes in the region.

79. The work of UNFPA in the Latin America and Caribbean region in 1994 was marked by preparations leading up to the ICPD, by the conference itself, and by the start-up of post-ICPD initiatives. Many Latin American countries were actively engaged in debates on the issues of reproductive health and reproductive rights, and political, religious and activist groups of all persuasions made their voices heard. Their presence was felt both during the third preparatory committee meeting held in April and during the conference itself.

80. UNFPA was often called upon to support the process of exchanging ideas and clarifying issues by those in charge of population programmes and projects. Activities with governments, NGOs, parliamentarians and journalists were organized at both the national and regional levels before and during the conference. These included meetings of the English-speaking Caribbean countries in Port-of-Spain in early January, of Central American countries in San Salvador in March, and of a national forum in Bolivia. The national forum resulted in a statement at the ICPD by Bolivia's Human Development Minister on population and sustainable development. The

statement, which was subsequently published with a preface signed by the President of the Republic, reflected a substantial shift away from the Government's previous pro-natalist stance.

81. Of particular interest in 1994 were the start-up of a large country programme in Brazil and the particularly active programming being carried out in Bolivia, Cuba, the Dominican Republic, Haiti, Mexico and Peru. In Haiti, substantial efforts were made to mobilize UNFPA resources because of the critical needs of the population, first under the Humanitarian Assistance Programme and then under UNFPA's regular programme. UNFPA was an active party in the programming process along with various donors, development banks and other United Nations agencies and organizations.

82. Throughout the region, programming and project formulation benefited from the decentralization of authority that allowed for higher levels of resource allocation without the necessity of submitting projects to headquarters for appraisal and approval. However, the heavy workloads at most UNFPA field offices, all of which cover several countries, often prevented faster project formulations, appraisals and approvals. All of the region's Country Directors therefore sought to strengthen the capacities of their field offices to provide support to country programmes by increasing programme support staff in the priority areas of each country.

83. Several initiatives were undertaken in the region to increase national capacity to carry out effective population programmes. These included providing the technical expertise of CST advisers in analysing the situations in various countries and conducting meetings and seminars to help strengthen management in UNFPA priority areas. In addition to country-specific activities and the preparation of technical notes for a regional meeting to discuss post-ICPD activities, the Country Support Team in Santiago, Chile, organized two effective regional meetings: one on population and cooperatives and one on increasing sociocultural research to support population programmes.

VI. FROM CAIRO TO COPENHAGEN TO BEIJING

84. The ICPD Programme of Action is remarkable for its clear recognition of the need to empower women, to ensure gender equality and to place human rights at the centre of population and development. It has embedded in it an important agenda of empowering women and ensuring gender equity which has made a valuable contribution to the World Summit for Social Development and which must not only be pursued at the Fourth World Conference on Women (FWCW) but energetically carried forward.

85. The Social Summit clearly built on that agenda. Commitment 5 of the Copenhagen Declaration calls for achieving equality and equity between women and men. Commitment 6 promotes the attainment of universal and equitable access to quality education and to primary health care. Chapter II of the Social Summit Programme of Action sets forth certain goals that are consistent with those contained in the ICPD Programme of Action, including those related to access to basic education, life expectancy, and levels of infant and maternal mortality, among others. It

also calls on Governments, in partnership with all other development actors, to make reproductive health available through the primary health care system to all individuals of appropriate age as soon as possible and no later than the year 2015. Chapter IV, in addressing the subject of family responsibility, recognizes that helping the family in contributing to social integration should involve promoting equal partnership between women and men in the family. It also calls for urgent action to combat violence against women, and in particular against female genital mutilation, which affects the health of women and girls throughout their lives.

86. An important activity of UNFPA has been to facilitate the process from Cairo and Copenhagen to Beijing. As one of its principal preparatory activities for the Beijing Conference UNFPA established an internal task force composed of senior staff to coordinate the Fund's participation in the conference. The task force, which works closely with UNFPA field offices, formulated a strategy for UNFPA support to the conference. That strategy is composed of several key elements: UNFPA support to the secretariat of the Conference in the form of a senior adviser; support for inter-agency collaboration; participation in regional and subregional preparatory conferences; and support for women's NGOs.

87. As part of its preparations for the Beijing Conference, UNFPA has been active at the interregional, regional and country levels. For example, the Fund participated in the various expert group meetings and, in particular, provided funding to the United Nations Conference on Trade and Development (UNCTAD) to organize an Expert Group Meeting on Women in Development in the Least Developed Countries. UNFPA also provided support to the Women's Feature Services, a news network, to enable it to undertake special initiatives focusing on the Beijing Conference and to the Centre for Development and Population Activities (CEDPA) to produce a training manual on advocacy strategies for leaders in population and development.

88. At the regional level, UNFPA has been represented by senior staff from headquarters and field offices at all the regional preparatory meetings. In recognition of the importance of the participation of NGOs, UNFPA has provided assistance to members of women's non-governmental organizations to enable them to take part in these regional meetings. In connection with the regional meetings of the Economic Commission for Europe (ECE) and the Economic Commission for Africa (ECA), UNFPA extended funding to the Commonwealth Medical Association to conduct a Round Table on Women's Reproductive Health.

89. At the country level, UNFPA Country Directors have been working with National Committees and local women's groups, making information materials available and providing funding to enhance their capacity to take part in the Beijing process.

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